

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

<p><b>W-02524A</b></p> <p><b>Fort Mojave Tribal Utilities Authority</b></p> <p><b>Attn: Virginia Tasker, Accountant</b></p> <p><b>P.O. Box 5559</b></p> <p><b>Mohave Valley, AZ 86446</b></p> <p>RECEIVED APR 19 2011 ACC UTILITIES DIRECTOR</p>
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**ANNUAL REPORT**  
**Water**

**FOR YEAR ENDING**

12	31	2010
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FOR COMMISSION USE

ANN 04	10
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4-19-11

4-19-11

**COMPANY INFORMATION**

<b>Company Name (Business Name)</b> _____ Fort Mojave Tribal Utilities Authority _____		
Mailing Address _____ P.O. Box 5559 _____		
(Street)		
_____ <b>Mohave Valley</b> _____	_____ <b>AZ</b> _____	_____ <b>86446</b> _____
(City)	(State)	(Zip)
_____ (928) 768-2200 _____	_____ (928) 768-2262 _____	_____ _____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email _____		
Address _____ <b>vtasker@ahamacav.com</b> _____		
<b>Local Office Mailing Address</b> _____		
(Street)		
_____ _____	_____ _____	_____ _____
(City)	(State)	(Zip)
_____ _____	_____ _____	_____ _____
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email _____		Address _____
_____ <b>vtasker@ahamacav.com</b> _____		

**MANAGEMENT INFORMATION**

<input type="checkbox"/> <b>Regulatory Contact:</b>			
<input type="checkbox"/> <b>Management Contact:</b> _____ Rudy Bryan _____ Board Chairman _____			
(Name) (Title)			
_____ <b>8780 Highway 95</b> _____	_____ <b>Mohave Valley</b> _____	_____ <b>AZ</b> _____	_____ <b>86440</b> _____
(Street)	(City)	(State)	(Zip)
(928) 768-2200	(928) 768-2262		
_____ _____	_____ _____	_____ _____	_____ _____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email _____			
Address _____ <b>bcyr@ahamacav.com</b> _____			
<b>On Site Manager:</b> _____ <b>William Cyr</b> _____			
(Name)			
_____ <b>8780 Highway 95</b> _____	_____ <b>Mohave Valley</b> _____	_____ <b>AZ</b> _____	_____ <b>86440</b> _____
(Street)	(City)	(State)	(Zip)
928-768-2200	928-768-2262		
_____ _____	_____ _____	_____ _____	_____ _____
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			

<b>Statutory Agent:</b> _____			
(Name)			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)		Fax No. (Include Area Code)	Cell No. (Include Area Code)
<b>Attorney:</b> _____ <b>David A. Wolff, General Council Fort Mojave Indian Tribe Legal Department</b> _____			
(Name)			
<b>8490 South Highway 95, Suite 105,</b>	<b>Mohave Valley</b>	<b>Arizona</b>	<b>86440</b>
(Street)	(City)	(State)	(Zip)
928-346-2444		928-346-2405	
Telephone No. (Include Area Code)		Fax No. (Include Area Code)	Cell No. (Include Area Code)
<b>Email Address</b> _____			

**OWNERSHIP INFORMATION**

Check the following box that applies to your company:

<input type="checkbox"/> Sole Proprietor (S)	<input type="checkbox"/> C Corporation (C) (Other than Association/Co-op)
<input type="checkbox"/> Partnership (P)	<input type="checkbox"/> Subchapter S Corporation (Z)
<input type="checkbox"/> Bankruptcy (B)	<input type="checkbox"/> Association/Co-op (A)
<input type="checkbox"/> Receivership (R)	<input type="checkbox"/> Limited Liability Company
<input checked="" type="checkbox"/> Other (Describe) _____ <b>Native American – Fort Mojave Indian Tribe</b> _____	

**COUNTIES SERVED**

Check the box below for the county/ies in which you are certificated to provide service:

<input type="checkbox"/> APACHE	<input type="checkbox"/> COCHISE	<input type="checkbox"/> COCONINO
<input type="checkbox"/> GILA	<input type="checkbox"/> GRAHAM	<input type="checkbox"/> GREENLEE
<input type="checkbox"/> LA PAZ	<input type="checkbox"/> MARICOPA	<input checked="" type="checkbox"/> MOHAVE
<input type="checkbox"/> NAVAJO	<input type="checkbox"/> PIMA	<input type="checkbox"/> PINAL
<input type="checkbox"/> SANTA CRUZ	<input type="checkbox"/> YAVAPAI	<input type="checkbox"/> YUMA
<input type="checkbox"/> STATEWIDE		

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	4,779		4,779
302	Franchises	0		0
303	Land and Land Rights	2,616		2,616
304	Structures and Improvements	9,770	9,770	0
307	Wells and Springs	17,862	17,862	0
311	Pumping Equipment	20,175	20,175	0
320	Water Treatment Equipment	1,899	1,899	0
330	Distribution Reservoirs and Standpipes	10,717	10,717	0
331	Transmission and Distribution Mains	271,281	271,281	0
333	Services	15,359	15,359	0
334	Meters and Meter Installations	28,355	28,355	0
335	Hydrants	1,477	1,477	0
336	Backflow Prevention Devices	0		0
339	Other Plant and Misc. Equipment	24,211	24,211	0
340	Office Furniture and Equipment	0		0
341	Transportation Equipment	0		0
343	Tools, Shop and Garage Equipment	0		0
344	Laboratory Equipment	0		0
345	Power Operated Equipment	23,000	23,000	0
346	Communication Equipment	0		0
347	Miscellaneous Equipment	0		0
348	Other Tangible Plant	0		0
	TOTALS	431,501	424,106	7,395

This amount goes on the Balance Sheet Acct. No. 108

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	4,779		
302	Franchises	0		
303	Land and Land Rights	2,616		
304	Structures and Improvements	9,770	0	0
307	Wells and Springs	17,862	0	0
311	Pumping Equipment	20,175	0	0
320	Water Treatment Equipment	1,899	0	0
330	Distribution Reservoirs and Standpipes	10,717	0	0
331	Transmission and Distribution Mains	271,281	0	0
333	Services	15,359	0	0
334	Meters and Meter Installations	28,355	0	0
335	Hydrants	1,477	0	0
336	Backflow Prevention Devices	0	0	0
339	Other Plant and Misc. Equipment	24,211	0	0
340	Office Furniture and Equipment	0	0	0
341	Transportation Equipment	0	0	0
343	Tools, Shop and Garage Equipment	0	0	0
344	Laboratory Equipment	0	0	0
345	Power Operated Equipment	23,000	0	0
346	Communication Equipment	0	0	0
347	Miscellaneous Equipment	0	0	0
348	Other Tangible Plant	0	0	0
	TOTALS	431,501	0	0

This amount goes on the Comparative Statement of Income and Expense \_\_\_\_\_  
Acct. No. 403.

**BALANCE SHEET**

<b>Acct No.</b>		<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>ASSETS</b>		
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$ 37,247	28,814
134	Working Funds		
135	Temporary Cash Investments	142,680	161,919
141	Customer Accounts Receivable	100,801	98,351
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 280,728	\$ 289,084
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$431,501	\$ 431,501
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(424,106)	(424,106)
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$7,395	\$ 7,395
	<b>TOTAL ASSETS</b>	<b>\$288,123</b>	<b>\$ 296,479</b>

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$ 21,662	\$ 19,835
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	31,358	13,263
236	Accrued Taxes	6,500	4,851
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$ 59,520	\$ 37,949
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ 0	\$ 0
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction (Tribe)	21,847	0
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$ 21,847	\$ 0
	<b>TOTAL LIABILITIES</b>	\$ 81,367	\$ 37,949
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	206,756	258,530
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	\$ 206,756	\$ 258,530
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 288,123	\$ 296,479

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

<b>Acct. No.</b>	<b>OPERATING REVENUES</b>	<b>PRIOR YEAR</b>	<b>CURRENT YEAR</b>
461	Metered Water Revenue	\$ 366,530	\$ 294,239
460	Unmetered Water Revenue		
474	Other Water Revenues		
	<b>TOTAL REVENUES</b>	<b>\$ 366,530</b>	<b>\$ 294,239</b>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 95,202	\$ 54,793
610	Purchased Water	138,515	66,134
615	Purchased Power	19,768	28,359
618	Chemicals		11,736
620	Repairs and Maintenance	19,136	47,765
621	Office Supplies and Expense		1,579
630	Outside Services		57,900
635	Water Testing	21,808	15,100
641	Rents		
650	Transportation Expenses	4,532	7,956
657	Insurance – General Liability		
659	Insurance – Health and Life	53,175	19,124
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	160,656	56,754
403	Depreciation Expense		
408	Taxes Other Than Income	22,941	17,316
408.11	Property Taxes	11,372	10,649
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 547,105</b>	<b>\$ 395,165</b>
	<b>OPERATING INCOME/(LOSS)</b>	<b>\$ (180,575)</b>	<b>\$ (100,926)</b>
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	<b>\$ -0-</b>	<b>\$ -0-</b>
	<b>NET INCOME/(LOSS)</b>	<b>\$ (180,575)</b>	<b>\$ (100,926)</b>



SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	<u>None</u>			
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End\$

Meter Deposits Refunded During the Test Year\$

<b>COMPANY NAME</b>	<b>Fort Mojave Tribal Utilities Authority</b>		
<b>Name of System:</b>	<b>South Valley</b>	<b>ADEQ Public Water System Number:</b>	<b>08003</b>

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

<b>ADWR ID Number*</b>	<b>Pump Horsepower</b>	<b>Pump Yield (gpm)</b>	<b>Casing Depth (Feet)</b>	<b>Casing Diameter (Inches)</b>	<b>Meter Size (inches)</b>	<b>Year Drilled</b>
55-0532195	15	255	120’	8”	3”	1992
55-600333	15	200	180’	22”	3”	1979

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

<b>Name or Description</b>	<b>Capacity (gpm)</b>	<b>Gallons Purchased or Obtained (in thousands)</b>
City of Needles (Backup)	275	20,857

<b>BOOSTER PUMPS</b>		<b>FIRE HYDRANTS</b>	
<b>Horsepower</b>	<b>Quantity</b>	<b>Quantity Standard</b>	<b>Quantity Other</b>
7.5	1	32	
15	1		

<b>STORAGE TANKS</b>		<b>PRESSURE TANKS</b>	
<b>Capacity</b>	<b>Quantity</b>	<b>Capacity</b>	<b>Quantity</b>
75,000	1	7000	1
		7000	1

***Note: If you are filing for more than one system, please provide separate sheets for each system.***

COMPANY NAME	Fort Mojave Tribal Utilities Authority
Name of System: South Valley	ADEQ Public Water System Number: 08003

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2			5/8 X ¾	907
3			3/4	
4			1	6
5			1 1/2	2
6			2	5
8			Comp. 3	1
10			Turbo 3	
12			Comp. 4	
			Turbo 4	
TOTAL		204,975	Comp. 6	
			Turbo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

Liquid Chlorine Storage and injection system: 55-600333- St George .

Liquid Chlorine Storage and injection system: 55-532195-Curcio .

STRUCTURES:

55-600333 - St George- Pressure Tank .

55-532195-Cucio-Pressure Tank, 75000 Gallon Storage Tank .

OTHER:

*Note: If you are filing for more than one system, please provide separate sheets for each system.*

COMPANY NAME: Fort Mojave Tribal Utilities Authority	
Name of System: South Valley	ADEQ Public Water System Number: 08003

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2010

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	856	4612	7980	1393
FEBRUARY	878	4180	6799	945
MARCH	887	5197	8861	1079
APRIL	890	5648	8260	1280
MAY	899	7056	6742	2406
JUNE	916	10139	12062	2179
JULY	921	9125	8417	2563
AUGUST	947	9845	8656	2862
SEPTEMBER	952	8783	14345	2372
OCTOBER	964	6118	19480	1887
NOVEMBER	973	5847	14558	980
DECEMBER	965	5724	9628	911
TOTALS →		82,274	125,789	20,857

What is the level of arsenic for each well on your system? \_\_\_\_\_ < .0001 \_\_\_\_\_ mg/l  
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1500 GPM Commercial, 1000 GPM Residential for \_\_N/A\_\_ hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?  
( X ) Yes ( ) No

Is the Water Utility located in an ADWR Active Management Area (AMA)?  
( ) Yes ( X ) No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
( ) Yes (X ) No

If yes, provide the GPCPD amount:\_\_\_\_\_

*Note: If you are filing for more than one system, please provide separate data sheets for each system.*

COMPANY NAME: Fort Mojave Tribal Utilities Authority	
Name of System: South Valley	ADEQ Public Water System Number: 08003

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY		1	11	
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTALS →				

OTHER (description):

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**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2010 was:  
\$ 10,649.24

Attach to this annual report proof (e.g. property tax bills stamped “paid in full” or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



April 13, 2011

Arizona Corporation Commission  
Compliance Section – Utilities Division  
1200 West Washington Street  
Phoenix, AZ 85007

Enclosed you will find the calendar year 2010 Annual Report – Water for the Fort Mojave Tribal Utilities Authority. I am not comfortable with the verification and sworn statements as presented in the report and in lieu of signing said statements, I do hereby attest to the following:

- That all property taxes have been paid for said company and are current and paid in full.
- That all sales taxes for said company are current and paid in full.
- That the report has been prepared under my direction, from the original books and papers and records of said utility and to the best of my knowledge the information contained in the report is true and accurate.

Sincerely,

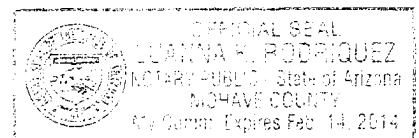
William Cyr  
General Manager

STATE OF Arizona  
COUNTY OF Mohave

The foregoing instrument was acknowledged before  
me this 13th day of Apr, 2011, by William Cyr

Luanna K. Rodriguez  
Notary Name

Notary Public's Signature  
Personally Known ✓ OR  
Type of Identification Produced \_\_\_\_\_



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PO Box 5559 Mohave Valley, AZ 86446  
(928) 768-2200 phone | (928) 768-2262 fax

**VERIFICATION  
AND  
SWORN STATEMENT  
Taxes**

RECEIVED  
JAN 11 2011  
ACCUTILITIES DIRECTOR

**VERIFICATION**

STATE OF Arizona

**I, THE UNDERSIGNED  
OF THE**

COUNTY OF (COUNTY NAME) <b>Mohave</b>
NAME (OWNER OR OFFICIAL) TITLE <b>William Cyr, General Manager</b>
COMPANY NAME <b>Fort Mojave Tribal Utilities Authority</b>

**DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2010

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

**I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.**

SIGNATURE OF OWNER OR OFFICIAL

**928-768-2200**

TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**

**DAY OF**

COUNTY NAME

MONTH

**.20\_\_**

**(SEAL)**

SIGNATURE OF NOTARY PUBLIC

**MY COMMISSION EXPIRES** \_\_\_\_\_



INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported	_____ N/A Tribe Owned _____
Estimated or Actual Federal Tax Liability	_____
State Taxable Income Reported	_____
Estimated or Actual State Tax Liability	_____
Amount of Grossed-Up Contributions/Advances:	
Amount of Contributions/Advances	_____
Amount of Gross-Up Tax Collected	_____
Total Grossed-Up Contributions/Advances	_____

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year’s annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

_____ SIGNATURE	_____ DATE
_____ PRINTED NAME	_____ TITLE

TRIBE OWNED NOT APPLICABLE – N/A

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <b>Mohave</b>
NAME (OWNER OR OFFICIAL) TITLE <b>William Cyr, General Manager</b>
COMPANY NAME <b>Fort Mojave Tribal Utilities Authority</b>

RECEIVED  
JAN 11 2011  
ACCUTILITIES DIRECTOR

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2010

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:**

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 294,239

**(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 17,316  
IN SALES TAXES BILLED, OR COLLECTED)**

**\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**  **DAY OF**

(SEAL)

COUNTY NAME	
MONTH	, 20__

SIGNATURE OF NOTARY PUBLIC

**MY COMMISSION EXPIRES** \_\_\_\_\_

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
Intrastate Revenues Only**

RECEIVED  
JAN 11 2011  
ACC UTILITIES DIRECTOR

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME) <b>Mohave</b>	
NAME (OWNER OR OFFICIAL) <b>William Cyr</b>	TITLE <b>General Manager</b>
COMPANY NAME <b>Fort Mojave Tribal Utilities Authority</b>	

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**FOR THE YEAR ENDING**

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<b>12</b>	<b>31</b>	<b>2010</b>

**HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

**SWORN STATEMENT**

**IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES
<b>\$ <u>230,008</u></b>

**THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 10,535  
IN SALES TAXES BILLED, OR COLLECTED)**

**\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.**

\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL

\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**

**DAY OF**

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	<b>20</b> __

**(SEAL)**

**MY COMMISSION EXPIRES**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC